

Filing at a Glance

Company: American Interstate Insurance Company

Product Name: AR Rule Filing 02-AR-2007

SERFF Tr Num: AMST-125258774 State: Arkansas

TOI: 16.0 Workers Compensation

SERFF Status: Closed

State Tr Num: AR-PC-07-025793

Sub-TOI: 16.0004 Standard WC

Co Tr Num: 07-0035

State Status:

Filing Type: Rule

Co Status:

Reviewer(s): Betty Montesi, Carol
Stiffler, Brittany Yielding

Author: Kathy Wells

Disposition Date: 08-15-2007

Date Submitted: 08-14-2007

Disposition Status: Approved

Effective Date Requested (New): 10-01-2007

Effective Date (New): 10-01-2007

Effective Date Requested (Renewal): 10-01-2007

Effective Date (Renewal):

General Information

Project Name:

Status of Filing in Domicile: Not Filed

Project Number: 07-0035

Domicile Status Comments:

Reference Organization: NCCI

Reference Number: AR-2007-09

Reference Title: to Basic Manual Classification Code 2719 Logging or
Tree Removal Certified Mechanized Harvesting Exclusively

Advisory Org. Circular: AR-2007-09

Filing Status Changed: 08-15-2007

State Status Changed: 08-15-2007

Deemer Date:

Corresponding Filing Tracking Number:

Filing Description:

August 13, 2007

Julie Benefield Bowman, Insurance Commissioner

Arkansas Department of Insurance

1200 West Third Street

Little Rock, AR 72201

RE: American Interstate Insurance Company, NAIC #31895

Workers Compensation Rule Filing

Adoption of NCCI Circular AR-2007-09, Arkansas Circular 02-AR-2007

Company Filing # 07-0035

Dear Commissioner Bowman:

American Interstate Insurance Company wishes to adopt NCCI Circular AR-2007-09 and Arkansas Circular 02-AR-2007; Revision to Basic Manual Classification Code 2719 Logging or Tree Removal Certified Mechanized Harvesting Exclusively, with an effective date of October 1, 2007.

In accordance with Arkansas prior approval, thirty day waiting period regulations, we respectfully request an effective date of October 1, 2007. We will exercise the deemer provision on that date unless disapproved within the thirty day waiting period or any extensions thereof.

If you have any questions or require any additional information, please do not hesitate to contact me at (800) 256-9052 ext. 2112 or via this e-mail address: bdarnell@amerisafe.com.

Sincerely,

Ben Darnell
Rate Filing Specialist
Regulatory Department

Company and Contact

Filing Contact Information

Ben Darnell, Rate Filing Specialist
2301 Highway 190 West
DeRidder, LA 70634

bdarnell@amerisafe.com
(800) 256-9052 [Phone]
(337) 460-3550[FAX]

Filing Company Information

American Interstate Insurance Company
2301 Highway 190 West
DeRidder, LA 70634
(800) 256-9052 ext. 3323[Phone]

CoCode: 31895
Group Code: 680
Group Name: Amerisafe, Inc.
FEIN Number: 58-1181498

State of Domicile: Louisiana
Company Type:
State ID Number:

Filing Fees

| | |
|------------------|-----------------------|
| Fee Required? | Yes |
| Fee Amount: | \$25.00 |
| Retaliatory? | No |
| Fee Explanation: | Rule Filing = \$25.00 |
| Per Company: | No |

| CHECK NUMBER | CHECK AMOUNT | CHECK DATE |
|--------------|--------------|------------|
| 0003017391 | \$25.00 | 08-13-2007 |

State Specific

Check_No: 0003017391

Check_Amt: \$25.00

Check_Rec: 08-13-2007

Correspondence Summary

Dispositions

| Status | Created By | Created On | Date Submitted |
|----------|----------------|------------|----------------|
| Approved | Carol Stiffler | 08-15-2007 | 08-15-2007 |

Disposition

Disposition Date: 08-15-2007

Effective Date (New): 10-01-2007

Effective Date (Renewal):

Status: Approved

Comment:

Rate data does NOT apply to filing.

| Item Type | Item Name | Item Status | Public Access |
|---------------------|--|-------------|---------------|
| Supporting Document | Uniform Transmittal Document-Property & Casualty | Approved | Yes |
| Supporting Document | NAIC Loss Cost Filing Document for Workers' Compensation | Approved | Yes |
| Supporting Document | NAIC loss cost data entry document | Approved | Yes |
| Rate | Revision to Basic Manual Classification | Approved | Yes |

Rate Information

Rate data does NOT apply to filing.


Rate/Rule Schedule

| Review Status: | Exhibit Name: | Rule # or Page #: | Rate Action | Previous State Filing Attachments Number: |
|----------------|---|-------------------|-------------|---|
| Approved | Revision to Basic Manual Classification | NCCI AR-2007- 09 | New | |

Supporting Document Schedules

| | | | |
|---|--|-----------------------------------|------------|
| Satisfied -Name: Uniform Transmittal Document-Property & Casualty | | Review Status: Approved | 08-15-2007 |
| Comments: | | | |
| Attachment: Code 2719 Transmittal Document.pdf | | | |
| | | | |
| Bypassed -Name: NAIC Loss Cost Filing Document for Workers' Compensation | | Review Status: Approved | 08-15-2007 |
| Bypass Reason: Not required for rule filing | | | |
| Comments: | | | |
| | | | |
| Bypassed -Name: NAIC loss cost data entry document | | Review Status: Approved | 08-15-2007 |
| Bypass Reason: not required for rule filing | | | |
| Comments: | | | |

**1. Reserved for Insurance
Dept. Use Only**




2 Insurance Department Use only

| | |
|---------------------------------------|--|
| a. Date this filing is received | |
| b. Analyst: | |
| c. Disposition: | |
| d. Date of disposition of the filing: | |
| e. Effective date of filing: | |
| New Business | |
| Renewal Business | |
| f. State Filing #* | |
| g. SERFF Filing #, | |
| h. Subject Codes | |

| | | | | |
|----|---------------------------------------|-----------|--------|--------------|
| 3. | Group Name | | | Group NAIC # |
| | Amerisafe, Inc. | | | 0680 |
| 4. | Company Name(s) | Domicile | NAIC # | FEIN # |
| | American Interstate Insurance Company | Louisiana | 31895 | 58-1181498 |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

| | | |
|----|-------------------------|---------|
| 5. | Company Tracking Number | 07-0035 |
|----|-------------------------|---------|

Contact Info of Filer(s) or Corporate Officer(s) include toll-free number

| Contact info of filer(s) or corporate officer(s) [include toll free number] | | | | | |
|---|--|---------------------------|--|----------------|------------------------|
| 6. | Name and address | Title | Telephone #s | FAX # | e-mail |
| | Ben Darnell 2301 Highway 190 West DeRidder, La 70634 | Rate Filing Specialist | (800) 256-9052 ext. 2112 | (337) 460-3550 | bdarnell@amerisafe.com |
| | | | | | |
| 7. | Signature of authorized filer | |  | | |
| 8. | Please print name of authorized filer | | Ben Darnell | | |

Filing information (see General Instructions for descriptions of these fields)

| | | | | |
|-----|--|--|------------|---------------------|
| 9. | Type of Insurance (TOI) | 16.000 Workers Compensation | | |
| 10. | Sub-Type of Insurance (Sub-TOI) | 16.004 Standard Workers Compensation | | |
| 11. | State Specific Product code(s)(if applicable)[See State Specific Requirements] | None | | |
| 12. | Company Program Title (Marketing title) | N/A | | |
| 13. | Filing Type | <input type="checkbox"/> Rate/Loss Cost <input checked="" type="checkbox"/> Rules <input type="checkbox"/> Rates/Rules <input type="checkbox"/> Forms <input type="checkbox"/> Combination Rates/Rules/Forms <input type="checkbox"/> Withdrawal <input type="checkbox"/> Other: _____ | | |
| 14. | Effective Date(s) Requested | New: | 10/01/2007 | Renewal: 10/01/2007 |

Property & Casualty Transmittal Document —

| | | |
|-----|---|---|
| 15. | Reference Filing? | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| 16. | Reference Organization (if applicable) | NCCI |
| 17. | Reference Organization # & Title | AR-2007-09 |
| 18. | Company's Date of Filing | 8/10/2007 |
| 19. | Status of filing in domicile | <input checked="" type="checkbox"/> Not Filed <input type="checkbox"/> Pending <input type="checkbox"/> Authorized <input type="checkbox"/> Disapproved |
| 20. | This filing transmittal is part of Company Tracking # | 07-0035 |

| | |
|---|--|
| 21. | Filing Description [This area can be used in lieu of a cover letter or filing memorandum and is free-form text] |
| <p>American Interstate Insurance Company wishes to adopt NCCI Circular AR-2007-09 and Arkansas Circular 02-AR-2007; Revision to Basic Manual Classification Code 2719 - Logging or Tree Removal - Certified Mechanized Harvesting Exclusively, with an effective date of October 1, 2007.</p> <p>In accordance with Arkansas' prior approval, thirty day waiting period regulations, we respectfully request an effective date of October 1, 2007. We will exercise the deemer provision on that date unless disapproved within the thirty day waiting period or any extensions thereof.</p> <p>If you have any questions or require any additional information, please do not hesitate to contact me at (800) 256-9052 ext. 2112 or via this e-mail address: bdarnell@amerisafe.com.</p> | |

[View Complete Filing Description](#)

| | | | | | |
|---|---|----------------|------------|----------------|-------|
| 22. | Filing Fees (Filer must provide check # and fee amount if applicable) [if a state requires you to show how you calculated your filing fees, place that calculation below] | | | | |
| <table border="1"> <tr> <td>Check #</td> <td>0003017391</td> </tr> <tr> <td>Amount:</td> <td>25.00</td> </tr> </table> | | Check # | 0003017391 | Amount: | 25.00 |
| Check # | 0003017391 | | | | |
| Amount: | 25.00 | | | | |
| <p>Refer to each state's checklist for additional state specific requirements or instructions on calculating fees.</p> <p>***Refer to the each state's checklist for additional state specific requirements (i.e. # of additional copies required, other state specific forms, etc.)</p> | | | | | |